2018

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity ***Signature of FLIS Staff***

MAPlecare Home Health AUA
33 North Plains Industrial Road
Wallingford CT. 06492 M Smith RN Nurse Consultant
M:

Licensure Category:

Assisted Living

Licensed Bed Capacity: Census:

Date(s) of onsite inspection: 11/29/18

Date(s) additional information obtained: ___

Personnel contacted: Gustavo Keach-Longo Ex. Director; Mayra Adames SALA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [✓] *Renewal* [ ] *Other (e.g.strikes):* ___

[ ] Visit **OR** Revisit for the purpose of ___

[X] See Complaint Investigation # CT 24523

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 1-2-19

[ ] Desk Audit ___ [ ] Amended Letter: ___ Original Ltr. ___

[ ] Citation # ___ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

[ ] Citation # ___ was/was not verified as corrected. See attached narrative report.

[ ] Narrative report/additional information attached.

[ ] See Certification File.

[ ] Referral(s) to ___

REPORT SUBMITTED BY: M Smith RN **DATE OF REPORT:** 12/13/18

[✓] Approval for issuance of license granted by: Joan D Nguyen **DATE:** 1-2-19
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

January 14, 2019

Mayra Adams, Supervisor of Assisted Living Services Agency
Masonicare Home Health And Hospice
104 South Turnpike Road
Wallingford, CT 06492

Dear Ms. Adams:

This is an amended edition of the violation letter originally dated January 3, 2019.

An unannounced visit was made to Masonicare Home Health And Hospice Assisted Living Services Agency/ALSA on November 29, 2018 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through December 3, 2018.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

The plan of correction is to be submitted to the Department by January 28, 2019.

The plan of correction shall include:

(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;

(2) the date each such corrective measure or change by the institution is effective;

(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction to Loan.Nguyen@ct.gov may be subject to disciplinary action.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by January 28, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

POC rec'd 2/8/19

Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. identified a medication "quiz" form with the logo of a pharmacy dated 8/23/18, with ten questions for Aide # 1 to answer, including the full identification of the medication Coumadin in the "red medication cards," the "administration" of medications by opening a bubble pack, the "administration" of both yellow cards, "giving" white or orange medication cards, etc. and failed to identify the limitation of the aide performance to the time reminders and the physical assistance as directed by the client during the medication self-administration process, without knowledge of the medication name and without initiating the process of medication administration;

v. The agency documentation indicated that on 11/19/2018, ALSA Aide #1 was assigned to "remind" Client # 1 to self-administer medications at 5 p.m., walked into Client # 1's apartment, and without any directions from Client # 1, proceeded to "pop" the medications out of the package to give to Client # 1, and failed to identify an acceptable process of medication self-administration directed by the client, with only the physical assistance from the ALSA aide upon request from the client;

vi. Interview and review of the agency documentation with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. indicated that instead of reading Client # 1's first name and last name on the medication package, ALSA Aide # 1 only read the last name and handed the client's spouse medications to Client # 1 (Warfarin, Vitamin D3, Carvedilol, Magnesium, Gabapentin, and a probiotic capsule) instead of Client # 1's own medications, and failed to identify a safe system for medication management;

vii. Interview and review of the agency documentation with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. indicated that Client # 1 was supposed to self-administer only 2 medications at 5 p.m., but did not recognize the medication error and swallowed the 6 tablets handed by the ALSA aide on 11/19/18, and failed to identify Client # 1's ability to recognize, count or name the client's own medications, in order to "self-administer" daily medications with only the physical assistance from the ALSA aide;

viii. Interview and review of the agency documentation with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. indicated that the ALSA staff did not identify the medication error, instead Client # 1's spouse identified the medication error and notified the ALSA staff, and failed to identify proper supervision of the medication management process by the Supervisor of Assisted Living services Agency/SALSA to ensure safety and quality of the services;

ix. Interview and review of the agency documentation with the Registered Nurse Designee (RN

Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m.indicated that following the incident, the ALSA re-educated the

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

ALSA aides, but failed to identify an agency-wide re-assessment of each client for the cognitive ability to direct the process of self-administering medications, prior to assigning an ALSA aide to assist the clients with the medication self-administration;

x. Interview and review of the agency documentation with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. indicated that following the incident, the ALSA re-educated the ALSA aides, but continued to teach the aides to "give medications to" the clients, instead of just reminding the clients of the medication time and assisting the clients with unpackaging if requested by the clients;

xi. Interview and review of the agency documentation with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. identified a Current Summary of Medication Event dated 11/27/18 for the medication error involved Client # 1 on 11/19/18, with blank spaces under the header of "Follow-up actions" and "Resolution and Outcomes," and failed to identify a comprehensive investigation of the incident with an accurate root cause analysis and timely interventions to prevent recurrences.

Following the medication errors on 11/19/18, Client # 1's physician ordered to transfer the client to the Emergency department (ED) for evaluation.

The ED record indicated that Client # 1 had a new onset of shortness of breath, fatigue and headache. Examination revealed expiratory wheezes and a few rhonchi. The client verbalized "feeling lousy," and exhibited mild cognitive impairment. The client received oxygen therapy for hypoxia, Solumedrol intravenous administration, and Duoneb inhalation treatments. The client was discharged back to the asssisted living facility four days later on 11/23/18.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity ***Signature of FLIS Staff***

MAPlus Care Home Health AIDA
33 North Plains Industrial Road
Wallingford CT. 06492 M Smith RN, Nurse Consultant
M:

Licensure Category:

Assisted Living

Licensed Bed Bassinet Capacity: ___ Census: ___

Date(s) of onsite inspection: 11/29/18

Date(s) additional information obtained: ___

Personnel contacted: Gustavo Keach-Longo Ex. Director; Mayra Adames SALA

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

[ ] Licensing Inspection [ ] *Initial* [✓] *Renewal* [ ] *Other (e.g.strikes)*: ___

[ ] Visit **OR** Revisit for the purpose of ___

[X] See Complaint Investigation # CT 24523

[X] Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated 1-2-19

[ ] Desk Audit ___ [ ] Amended Letter: ___ Original Ltr. ___

[ ] Citation # ___ was issued to this facility as a result of this inspection.

[ ] Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

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[ ] Narrative report/additional information attached.

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REPORT SUBMITTED BY: M Smith RN **DATE OF REPORT:** 12/13/18

[✓] Approval for issuance of license granted by: Loan D Nguyen **DATE:** 1-2-19
Supervisor/Title

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

January 3, 2019

Mayra Adams, Supervisor of Assisted Living Services Agency
Masonicare Home Health And Hospice
33 North Plains Industrial Road
Wallingford, CT 06492

Dear Ms. Adams:

An unannounced visits was made to Masonicare Home Health And Hospice Assisted Living Services Agency/ALSA on November 29, 2018 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation with additional information received through December 3, 2018.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visit.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

The plan of correction is to be submitted to the Department by January 17, 2019.

The plan of correction shall include:

(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;

(2) the date each such corrective measure or change by the institution is effective;

(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and

(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction to Loan.Nguyen@ct.gov may be subject to disciplinary action.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by January 15, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

Connecticut Department of Public Health

Phone: (860) 509-7400 • Fax: (860) 509-7543
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

Should you have any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

LN:mb

Complaint # 24523

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are violations of the regulations of Connecticut State Agencies Section 19-13-D105(d) Governing authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) and/or (k) Client service record (2) (H) (i) and/or (ii) and/or (vi).

1. Based on clinical record review and staff interview, for one of one client (Client #1) who received assistance with medication self-administration, the Assisted Living Services Agency/ALSA failed to ensure proper assessment of the client's ability to self-administer medications, re-enforcement of the ALSA aide's limitations in the practice of assisting, and failed to provide safe medication services through supervision and compliance with State laws. The findings include:

   a. Client #1 was admitted to the assisted living facility on 10/17/18 with diagnoses that included dysthymia, hypercholesterolemia, hypertension, incontinence, and transient ischemic attack. The client service program dated 10/17/18 identified the need for assistance with showers, dressing, and the need for reminders to wear hearing aides and reminders to self-administer medications three times a day.

      Client # 1 shared an apartment with the client's spouse inside the assisted living facility.

      The client's spouse self-administered medications without the assistance from ALSA staff.

   i. Interview and review of the clinical record with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. identified an undated assessment of Client # 1 using a form developed by a Veteran Administration Medical Center, with scores assigned to each answer by Client # 1, based on questions testing the client's ability to recall information, but failed to identify the total score for Client # 1's assessment at the end of the test;

   ii. Interview and review of the clinical record with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. concluded that the assessment score for Client # 1 would be 18, with the legend at the bottom of the form specifying that any score between 1 and 20 was indicative of dementia, and failed to identify the appropriateness of qualifying Client # 1 as able to "self-administer" medications, for the purpose of assigning an ALSA aide to "remind" the client to "self-administer" medications;

   iii. Interview and review of the clinical record with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. failed to identify the documentation of an assessment by the ALSA nurse of Client # 1's ability to verbalize the need for taking certain medications to treat certain diagnoses, and/or Client # 1's ability to direct the operations of medication self-administration, and the clients' ability to initate the request for physical assistance from the aide for medication removal, for the purpose of

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

self-administering medications with assistance.

iv. Interview and review of ALSA Aide # 1's personnel files with the Registered Nurse Designee (RN Designee), the Operation Director of Assisted Living Partnerships and the Corporate Lead Clinical Director on 11/29/18 at 10:06 a.m. identified a medication "quiz" form with the logo of a pharmacy dated 8/23/18, with ten questions for Aide # 1 to answer, including the full identification of the medication Coumadin in the "red medication cards," the "administration" of medications by opening a bubble pack, the "administration" of both yellow cards, "giving" white or orange medication cards, etc. and failed to identify the limitation of the aide performance to the time reminders and the physical assistance as directed by the client during the medication self-administration process, without knowledge of the medication name and without initiating the process of medication administration;

v. The agency documentation indicated that on 11/19/2018, ALSA Aide #1 was assigned to "remind" Client # 1 to self-administer medications at 5 p.m., walked into Client # 1's apartment, and without any directions from Client # 1, proceeded to "pop" the medications out of the package to give to Client # 1, and failed to identify an acceptable process of medication self-administration directed by the client, with only the physical assistance from the ALSA aide upon request from the client;

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Relocated to
104 South Pike
Licht 0185

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity ***Signature of FLIS Staff***

Masonicare Home Health AL/A
33 North Plains Industrial Road
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REPORT SUBMITTED BY: M Smith RN **DATE OF REPORT:** 12/13/18

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